

JUDGE BAER

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Southern

District of

New York

KIM KAUFMAN and GLENN KAUFMAN,

Plaintiffs,

V.

SUMMONS IN A CIVIL ACTION

UNITEDHEALTH GROUP INC.,
UNITEDHEALTHCARE, UNITED
HEALTHCARE INSURANCE COMPANY OF
NEW YORK, UNITEDHEALTHCARE OF
NEW YORK, INC., OXFORD HEALTH PLANS
LLC and OXFORD HEALTH PLANS (NY),
INC.,

CASE NUMBER: 08 Civ.

08 CIV 54017

Defendants.

TO: (Name and address of Defendant)

See Schedule A

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Max R. Shulman, Esq.
Cravath, Swaine & Moore LLP
Worldwide Plaza
825 Eighth Avenue
New York, NY 10019

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

J. MICHAEL McMAHON

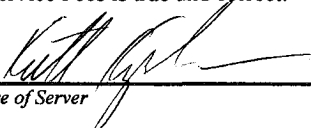
JUN 13 2008

CLERK

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	6/16/08
NAME OF SERVER (PRINT) Keith S. Kaplan	TITLE	Law Clerk
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input checked="" type="checkbox"/> Other (specify): By leaving a copy with CT Corporation System, which accepted service as the authorized agent for process on behalf of Oxford Health Plans (NY), Inc.		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>6/25/08</u> Date <u></u> Signature of Server</p> <p style="text-align: center; margin-top: 20px;"><u>825 Eighth Avenue, New York, NY 10019</u> Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SCHEDULE A

UNITEDHEALTH GROUP INC.
9900 Bren Road East
Hennepin County
Minnetonka, MN 55343

UNITEDHEALTHCARE
9900 Bren Road East
Hennepin County
Minnetonka, MN 55343

UNITED HEALTHCARE INSURANCE COMPANY OF NEW YORK
2950 Express Drive South, Suite 240
Suffolk County
Islandia, NY 11749

2 Penn Plaza, 7th Floor
New York County
New York, NY 10121

5015 Campuswood Drive, Suite 107
Onondaga County
Syracuse, NY 13221

UNITEDHEALTHCARE OF NEW YORK, INC.
2 Penn Plaza, 7th Floor
New York County
New York, NY 10121

5015 Campuswood Drive, Suite 107
Onondaga County
Syracuse, NY 13221

OXFORD HEALTH PLANS LLC
48 Monroe Turnpike
Fairfield County
Trumbull, CT 06611

OXFORD HEALTH PLANS (NY), INC.
48 Monroe Turnpike
Fairfield County
Trumbull, CT 06611